

002
FAX

Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: Manchester College

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): _____

Address of Service Provider: 604 College Avenue, North Manchester, IN 46962

Name of Agent Designated to Receive
Notification of Claimed Infringement: Mr. Mujib U. Lodhi

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):
Manchester College, 604 College Avenue, North Manchester, IN 46962

Telephone Number of Designated Agent: 219/982/5431

Facsimile Number of Designated Agent: 219/982-5043

Email Address of Designated Agent: mulodhi@manchester.edu

Signature of Officer or Representative of the Designating Service Provider: _____

Date: 03-16-99

Typed or Printed Name and Title: Mr. Mujib U. Lodhi, Director of Technologies

Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee
Made Payable to the Register of Copyrights.

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